Effective October 1, 2003									10802287					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
T	OTAL CLAIMS	S .	66					RATE	FEE	7	RATE	FEE		
F	DŔ		NUMBER FILED		NUMBER EXTRA		в	ASIC FEI	385.00	OR	BASIC FEE	770.00		
TO	OTAL CHARGE	ABLE CLAIMS	66 minus 20=		- 46			X\$ 9=		OR	X\$18=	82880		
INI	DEPENDENT C	CLAIMS	8 minus 3 =		. 5		ı	X43=		OR	X86=	43000		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	103,5		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	 	OR	TOTAL	2028 00		
CLAIMS AS AMENDED - PART II								· • · • · · · · · · · · · · · · · · · ·			ОТНЕЯ			
		(Column 1)		(Colum	nn 2)	(Column 3)		MALL	ENTITY	OR	SMALL	ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 66	Minus	- 6	6	=		X\$ 9=		OR	X\$18=			
AME	Independent	. 8	Minus	***	8	= /		X43=	1.	ORI	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	-/	OR	+290=			
	. *	(Column 1)		(Ċolum	ın 2)	(Column 3)	Ļ	TOTAL DIT. FEE	1.		TOTAL ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Ž	Total	•	Minus	40		=	,	(\$ 9=		OR	X\$18=			
AME	Independent	*	Minus .	***	· .	-	7	(43=		ÖR	X86=			
_!	FINST PRESE	NTATION OF MU	ILITPLE DEF	PENDENT	CDAIM			145=		OR	+290=			
	•	·					ADE	TOTAL NT. FEE	•	OR ,	TOTAL ODIT. FEE			
	٠.	(Column 1)		(Colum		(Column 3)		• .	•					
Z		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	44		. .	×	\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		•	-	43=			X86=	. ,		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR				
	the entry in solve	nn 1 le leen than th	antau la activ	ma 2 umbo 4	no in ant	ma 3 1 ^{j.}	+	45=	لييني	OR	+290=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE														
		ber Previously Paid					found a	n the appr	opriate box	in colu	mn j.			

Application or Docket Number